

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 17.00: MEDICINE

Section

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17.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 17.00 governs the rates of payment used by all governmental units for medical services rendered to publicly-aided patients by eligible providers. 114.3 CMR 17.00 is effective on and after July 1, 2008. Rates for services rendered to individuals covered by the Worker's Compensation Act, M.G.L. c. 152, are set forth at 114.3 CMR 40.00.

(2) Coverage. 114.3 CMR 17.00 and the rates of payment contained herein shall apply in the following situations:

- (a) Medical services rendered to patients in a private medical office, licensed clinic, facility, hospital outpatient department, patient's residence or other appropriate setting by an eligible provider who bills for the medical services rendered and receives no other compensation for medical services rendered.
- (b) Medical services rendered to registered bed patients in a licensed health care facility by an eligible provider who is not under contractual arrangement with such facility to provide medical services, and who bills separately and apart from such facility for medical services rendered.

The rates of payment under 114.3 CMR 17.00 are full compensation for patient care rendered to publicly aided patients as well as for any related administrative or supervisory duties in connection with patient care. The rates of payment also reimburse all overhead expenses associated with the service provided.

(3) Disclaimer of Authorization of Services. 114.3 CMR 17.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 17.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT). The publication of such updates and corrections will list:

- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
- (b) deleted codes for which there are no corresponding new codes; and

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(c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(d) for entirely new codes that require new pricing and have Medicare assigned relative value units (RVUs), the Division may list these codes and price them according to the rate methodology used in setting physician rates. When RVUS are not available, the Division may apply Individual Cconsideration in reimbursing for these new codes until appropriate rates can be developed.

(5) Administrative Bulletins. The Division may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 17.00.

17.02: General Definitions

Meaning of Terms. The descriptions and five-digit codes included in 114.3 CMR 17.00 utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' *Current Procedural Terminology*, copyright 2007 by the American Medical Association (CPT) unless otherwise specified. Level II codes are obtained from 2008 HCPCS maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other healthcare professionals, as well as associated non-physician services. No fee schedules, basic unit value, relative value guides, conversion factors or scales are included in any part of the Physicians' *Current Procedure Terminology*.

114.3 CMR 17.00 includes only HCPCS numeric and alpha-numeric identifying codes and modifiers for reporting medical services and procedures that were selected by the Massachusetts Division of Health Care Finance and Policy. Any use of CPT outside the fee schedule should refer to the Physicians' *Current Procedural Terminology*. All rights reserved.

In addition, terms used in 114.3 CMR 17.00 shall have the meanings set forth in 114.3 CMR 17.02.

Child and Adolescent Needs and Strengths (CANS). A tool that provides a standardized way to organize information gathered during a psychiatric diagnostic assessment and is a treatment and service decision support tool for children and adolescents under the age of 21.

Confirmatory (Additional Opinion) Consultation. When the consulting physician is aware of the confirmatory nature of the opinion that is sought (e.g., when a patient requests a second/third opinion on the necessity or appropriateness of a recommended medical treatment or surgical procedure).

Consultation. A type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source.

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A physician consultant may initiate diagnostic and/or therapeutic services.

The request for a consultation from the attending physician or other appropriate source and the need for consultation must be documented in the patient's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated to the requesting physician or other appropriate source.

Any specifically identifiable procedure (i.e., identified with a specific CPT code) performed on or subsequent to the date of the initial consultation should be reported separately.

If a consultant subsequently assumes responsibility for management of a portion or all of the patient's condition(s), the consultation codes should not be used.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT). A program of health screening and other medical services for publicly-assisted individuals under the age of 21 as required by federal law. Refer to 114.3 17.03(4) for reimbursement guidelines.

Eligible Provider. A licensed physician or licensed osteopath, licensed podiatrist, other than an intern, resident, fellow or house officer, who also meets such conditions of participation as have been or may be adopted from time to time by a governmental unit.

A provider of diagnostic medical services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies, as required by law. Such medical diagnostic services may be rendered by eligible providers such as, but not limited to, independent diagnostic testing facilities (IDTFs). These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A provider of radiation oncology services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies, as required by law. Radiation oncology services may be rendered by eligible providers such as, but not limited to, independent radiation oncology centers. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A clinic licensed by the Massachusetts Department of Public Health in accordance with regulations 105 CMR 140.000 to provide medical diagnostic services. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Eligible Mid-Level Practitioner.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse practitioner, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

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A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a government unit.

A registered nurse providing tobacco cessation services, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A tobacco cessation counselor, who has completed appropriate training in tobacco cessation counseling according to the qualification criteria established by the purchasing governmental unit, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Established Patient. A patient who has received professional services from the physician within the past three years.

Facility Setting. Payments for services provided in a hospital, including without limitation a hospital inpatient department, outpatient department, emergency department, and hospital licensed health center, or skilled nursing facility or free standing ambulatory surgical center (ASC) will be made according to a facility fee when an applicable facility fee has been established for that procedure.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Independent (Nurse Practitioner or Nurse Midwife): Qualified and eligible to bill as a MassHealth Provider. *See* Eligible Mid-Level Practitioner.

Individual Consideration. Medical services, which are authorized but not listed herein, medical services performed in unusual circumstances and services designated "I.C." are individually considered items. The governmental unit or purchaser shall analyze the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. Determination of appropriate payment for procedures designated I.C. shall be in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;
- (c) the severity or complexity of the patient's disease, disorder or disability;
- (d) any applicable relative-value studies;

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- (e) any complications or other circumstances that may be deemed relevant;
- (f) the policies, procedures and practices of other third party insurers;
- the payment rate for prescribed drugs as set forth at 114.3 CMR 31.00; and
- (g) a copy of the current invoice from the supplier.

Levels of E/M Services. Within each category or subcategory of E/M service, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are not interchangeable among the different categories or subcategories of service.

The levels of E/M services include examinations, evaluations, treatments, conferences with or concerning patients, preventive pediatric and adult health supervision and similar medical services. The levels of E/M services encompass the wide variations in skill, effort, time, responsibility and medical knowledge required for the prevention or diagnosis and treatment of illness or injury and the promotion of optimal health. Each level of E/M services may be used by all physicians.

Coordination of care with other providers or agencies without a patient encounter on that day is reported using the case management codes.

For a full discussion of the levels of E/M services, refer to the 2008 CPT handbook.

Modifiers. Listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two digit number or letters.

New Patient. A patient who has not received any professional services from the physician within the past three years.

Physical Medicine. The physical medicine procedure codes apply only when:

- a) the physician prescribed the needed therapy; and
- b) the services are provided by the physician or a licensed physical or occupational therapist employed by the physician.

Primary Care Clinician (PCC) Plan — a managed care option administered by the MassHealth agency through which enrolled members receive primary care and certain other medical services.

Publicly Aided Individual. A person who receives health care and services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

Referral. The transfer of the total or specific care from one physician to another. For the purposes of 114.3 CMR 17.00 a referral is not a consultation.

Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service.

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Unlisted Procedure or Service. A service or procedure may be provided that is not listed in Regulation 114.3 CMR 17.04. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by "Special Report."

17.03: General Rate Provisions

(1) Rate Determination. Rates of payment to which 114.3 CMR 17.00 applies shall be the lowest of:

- (a) The eligible provider's usual fee to patients other than publicly-aided; or
- (b) The eligible provider's actual charge submitted; or
- (c) The schedule of allowable fees set forth in 114.3 CMR 17.04(4) in accordance with 114.3 CMR 17.03.

(2) Supplemental Payment

(a) Eligibility. An eligible provider may receive a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

- 1. the eligible provider is employed by a non-profit group practice that was established in accordance with St. 1997, c.163 and is affiliated with a Commonwealth-owned medical school;
- 2. such non-profit group practice shall have been established on or before January 1, 2000 in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
- 3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

(b) Payment Method. This supplemental payment may not exceed the difference between:

- 1. payments to the eligible provider made pursuant to the rates applicable under 114.3 CMR 17.03(1), and
- 2. the Federal upper payment limit set forth in 42 CFR 447.325.

(3) Rate Variations Based on Practice Site. Payments for certain services that can be routinely furnished in physicians' offices are reduced when such services are furnished in facility settings. 114.3 CMR 17.04 establishes facility setting fees applied to services rendered in a facility when a practice site differential is warranted.

(4) Allowable Mid-Level Fee for Qualified Mid-Level Practitioners. Payment for services provided by eligible licensed nurse practitioners, eligible licensed nurse midwives, eligible licensed physician assistants, eligible registered nurses, and eligible tobacco cessation counselors as specified in 114.3 CMR 17.02 is 85% of the fees contained in 114.3 CMR 17.04(4). This rule does not apply to the EPSDT add-on code S0302 described in 114.3 CMR 17.03(5) or for tobacco cessation services, for medical nutrition therapy (97802, 97803, 97804, G0270, G0271), for diabetes self-management training (G0108, G0109), and for the administration of behavioral health screening (96110 and related modifiers)

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services listed in section 114.3 CMR 17.04(4). Properly adjusted rates for tobacco cessation services for mid-level practitioners are listed in section 114.3 CMR 17.04(4) according to codes G0376-SA, -SB, -HN, -TD, -U1, -U2, and -U3.

(5) Behavioral Health Screening Services. Payment for the administration and scoring of standardized behavioral health screening tools is available to eligible providers (physician, independent nurse midwife, independent nurse practitioner, community health center, hospital outpatient department, or mid-level practitioner employed by a physician or community health center) and is allowed for MassHealth purchase only when accompanied by a modifier. Appropriate code and related modifiers for the standardized behavioral health screening tools are listed in a separate fee table in section 114.3 CMR 17.04 (4). For purposes of these modifiers, “Behavioral health need identified” means the provider administering the screening tool, in her or his professional judgement, identifies a child with a potential behavioral health services need.

(6) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Add-On Code. To identify a well child office visit in accordance with the EPSDT schedule, use code S0302 in addition to the appropriate preventive medicine service in 114.3 CMR 17.04(4). S0302 is always performed in addition to the primary procedure and must never be reported as a stand-alone code.

(7) Services and Payments Covered Under Other Regulations. Rules and reimbursement rates for services listed herein are contained in other Division regulations.

Regulation Title	Regulation Number	Affected Services
Chiropractic Care	114.3 CMR 28.00	Chiropractic Manipulation Codes 98940 to 98943
Rehabilitation Clinic Services, Audiology Services and Restorative Services	114.3 CMR 39.00	Audiologic Codes 92590 to 92595
Vision Care Services and Ophthalmic Materials	114.3 CMR 15.00	Spectacle Service Codes 92340-92342, 92370 and Screening Code 99173

(8) CPT Category III Codes. All medicine related CPT category III codes are included as a part of this regulation and have an assigned fee of IC.

(9) PCC Plan Enhanced Fee. Primary Care Clinicians (PCCs) receive an enhanced rate for certain types of primary and preventive care visits provided to PCC Plan members enrolled with the PCC on the date of service. Ten dollars is added to the rate for the procedure code

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billed. The MassHealth agency pays PCCs an enhanced fee for delivering primary care services in accordance with the terms of the PCC provider contract.

(10) Child and Adolescent Needs and Strengths (CANS): Psychiatric Diagnostic Interview Examination for Children and Adolescents Under the Age of 21. Psychiatrists who complete the CANS for a MassHealth child or adolescent under the age of 21 during a Psychiatric Diagnostic Interview Examination should bill using procedure code 90801 accompanied by modifier HA.

17.04: Maximum Allowable Fees

(1) Drugs, Medications, Supplies and Laboratory Specimen Collections.

(a) Payment rates for drugs, vaccines and immune globulins administered in a physician's office shall be the lower of the fee listed in 114.3 CMR 17.04(4) or the current Medicare fee.

(b) Supplies and materials used in preparation for or as part of a procedure (e.g., bandages, laboratory kits, syringes or disposable gloves) are not reimbursed separately, but included in the office visit rate. In addition, no supplemental charge shall be submitted nor payment allowed for routine specimen collection in a physician's office and preparation for clinical laboratory analysis (and activities related thereto), e.g., venipuncture, urine, fecal and sputum samples, culturing, swabbing and scraping for removal of tissues.

(c) Where applicable, payment for drugs, medicines, supplies, and related materials dispensed to patients shall be in accordance with rates which are the subject matter of other regulations that may be in effect and germane to the item in question (e.g., laboratory, pharmacy, medical supplies, etc.) not to exceed the cost of the item to the physician.

In other instances where the use of another regulation is not appropriate, certain supplies and materials (except eyeglasses), provided by the physician over and above those usually included with the office visit or other services rendered should be billed under code (99070).

(d) Payment for drugs and/ or biologicals may be claimed in addition to an office visit. Drugs that are considered routine and integral to the delivery of a physician's professional services in the course of diagnosis or treatment are not reimbursable. Such drugs are commonly provided without charge or are included in the physician's fee for the service.

Drugs and/or biologicals available free of charge from the Massachusetts Department of Public Health are not payable items.

When an immunization or injection is the primary purpose of an office or other outpatient visit, the provider may bill only for the injectable material and its administration. However, when the immunization or injection is not the primary purpose of the office or other outpatient visit, a provider may bill for both the visit and the immunization or injectable material, but not for its administration.

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(2) Unless otherwise specified, guidelines, notes and definitions provided in the 2007 CPT Coding Handbook are applicable to the use of the procedure codes and descriptions listed below.

(3) Modifiers

-26: Professional Component. The component of a service or procedure representing the physicians' work interpreting or performing the service or procedure. When the physician component is reported separately, the addition of the modifier '-26' to the appropriate procedure code will allow the professional component allowable fee (PC Fee) contained in 114.3 CMR 17.04(4) to be paid.

-50: Bilateral Procedures. Unless otherwise identified in the procedure code listing, bilateral procedures performed at the same operative session must be identified by the appropriate service code describing the first procedure. The second bilateral procedure is identified by adding the modifier '50' to the end of the service code. The addition of the modifier '50' to the second bilateral codes allows 50% of the allowable fee contained in 114.3 CMR 17.04(4) to be paid to the eligible provider for the second bilateral procedure.

-51: Multiple Procedures. This modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '51' to the end of the service code for the secondary procedure(s). The addition of the modifier '51' to the second and subsequent procedure codes allows 50% of the allowable fee contained in 114.3 CMR 17.04(4) to be paid to the eligible provider.

Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional".

-52: Reduced Service. Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and addition of the modifier '-52' signifying that the service is reduced.

-GO: Services delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.

-GP: Services delivered personally by a physical therapist or under an outpatient physical therapy plan of care.

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-HA: Child and Adolescent Needs and Strengths (CANS): Psychiatric Diagnostic Interview Examination for Children and Adolescents Under the Age of 21: This modifier should only be applied to service code 90801 billed by psychiatrists to identify a Psychiatric Diagnostic Interview Examination for a MassHealth child or adolescent under the age of 21 using the CANS.

-HN: Bachelor's Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were performed by a physician assistant employed by the physician or group practice.)

-SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)

-SL: State Supplied Vaccine. (This modifier should only be applied to codes 90465, 90467, 90471 and 90473 to identify vaccines provided at no cost by the Massachusetts Department of Public Health for individuals ages 18 years and under, including those administered under the Vaccine for Children Program (VFC).)

-TC: Technical Component. The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's professional component. When the technical component is reported separately the addition of modifier '-TC' to the procedure code will allow the technical component allowable fee (TC Fee) contained in 114.3 CMR 17.04(4) to be paid.

(4) Fee Schedule

NFAC – These amounts apply when service is performed in a non-facility setting
FAC – These amounts apply when service is performed in a facility setting
Global Fee – These amounts apply when no site of service differential rate is specified.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
90281			I.C.			Immune globulin (Ig), human, for intramuscular use
90283			I.C.			Immune globulin (IgIV), human, for intravenous use
90284			I.C.			Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each
90287			I.C.			Botulinum antitoxin, equine, any route
90288			I.C.			Botulism immune globulin, human, for intravenous use
90291			I.C.			Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
90296			I.C.			Diphtheria antitoxin, equine, any route
90371			122.47			Hepatitis B immune globulin (HBIG), human, for intramuscular use
90375			68.64			Rabies immune globulin (Rig), human, for intramuscular and/or subcutaneous use
90376			74.58			Rabies immune globulin, heat-treated (Rig-HT), human, for intramuscular and/or subcutaneous use
90378			I.C.			Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each
90379			I.C.			Respiratory syncytial virus immune globulin (RSV-IgIV), human, for intravenous use
90384			I.C.			Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use
90385			23.73			Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use
90386			I.C.			Rho(D) immune globulin (RhIgIV), human, for intravenous use
90389			I.C.			Tetanus immune globulin (Tig), human, for intramuscular use
90393			I.C.			Vaccinia immune globulin, human, for intramuscular use
90396			I.C.			Varicella-zoster immune globulin, human, for intramuscular use
90399			I.C.			Unlisted immune globulin
90465			17.54			Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day
90465-SL			15.78			Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
90466	8.37	7.05				Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)
90467	10.59	7.61				Immunization administration younger than age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day
90467-SL			15.78			Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day
90468	8.04	6.06				Immunization administration younger than age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; each additional administration (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)
90471			17.54			Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90471-SL			15.78			Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid) (State Supplied Vaccine) (Only to be used for administration of Vaccine for Children (VFC) pediatric vaccines for individuals ages 18 years and under.) (Not in conjunction with an office visit or other outpatient visit)
90472	8.71	7.05				Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90473	10.92	6.95				Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
90473-SL			15.78			Immunization administration by intranasal or oral route; one vaccine(single or combination vaccine/toxoid) (State Supplied Vaccine) (Only to be used for administration of Vaccine for Children (VFC) pediatric vaccines for individuals ages 18 years and under.) (Not in conjunction with an office visit or other outpatient visit)
90474	7.38	6.06				Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90476			I.C.			Adenovirus vaccine, type 4, live, for oral use
90477			I.C.			Adenovirus vaccine, type 7, live, for oral use
90581			I.C.			Anthrax vaccine, for subcutaneous use
90585			120.45			Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
90586			117.34			Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
90632			53.45			Hepatitis A vaccine, adult dosage, for intramuscular use
90633			26.69			Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634			I.C.			Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636			I.C.			Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90645			21.47			Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use
90646			I.C.			Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
90647			21.47			Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648			21.78			Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90649			I.C.			Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
90655			16.11			Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90656			17.37			Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
90657			6.61			Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
90658			13.22			Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90660			22.03			Influenza virus vaccine, live, for intranasal use
90661			I.C.			Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
90662			I.C.			Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90663			I.C.			Influenza virus vaccine, pandemic formulation
90665			I.C.			Lyme disease vaccine, adult dosage, for intramuscular use
90669			78.80			Pneumococcal conjugate vaccine, polyvalent, when administered to children younger than 5 years, for intramuscular use
90675			154.76			Rabies vaccine, for intramuscular use
90676			I.C.			Rabies vaccine, for intradermal use
90680			I.C.			Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90690			I.C.			Typhoid vaccine, live, oral
90691			57.15			Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
90692			I.C.			Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use
90693			I.C.			Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. military)
90698			I.C.			Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DtaP -Hib -IPV), for intramuscular use
90700			31.51			Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP), when administered to individuals younger than 7 years, for intramuscular use
90701			I.C.			Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use
90702			24.96			Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use
90703			20.21			Tetanus toxoid adsorbed, for intramuscular use
90704			21.30			Mumps virus vaccine, live, for subcutaneous use
90705			16.76			Measles virus vaccine, live, for subcutaneous use
90706			17.97			Rubella virus vaccine, live, for subcutaneous use
90707			43.20			Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90708			I.C.			Measles and rubella virus vaccine, live, for subcutaneous use

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
90710			I.C.			Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90712			I.C.			Poliovirus vaccine, (any type[s]) (OPV), live, for oral use
90713			25.90			Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90714			19.48			Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
90715			34.32			Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
90716			75.80			Varicella virus vaccine, live, for subcutaneous use
90717			56.07			Yellow fever vaccine, live, for subcutaneous use
90718			11.55			Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use
90719			I.C.			Diphtheria toxoid, for intramuscular use
90720			I.C.			Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use
90721			42.89			Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
90723			I.C.			Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
90725			I.C.			Cholera vaccine for injectable use
90727			I.C.			Plague vaccine, for intramuscular use
90732			29.73			Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
90733			86.10			Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
90734			I.C.			Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
90735			99.11			Japanese encephalitis virus vaccine, for subcutaneous use
90736			I.C.			Zoster (shingles) vaccine, live, for subcutaneous injection
90740			114.51			Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90743			24.36			Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744			24.36			Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
90746			57.26			Hepatitis B vaccine, adult dosage, for intramuscular use
90747			114.51			Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
90748			I.C.			Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use
90749			I.C.			Unlisted vaccine/toxoid
90760			51.61			Intravenous infusion, hydration; initial, 31 minutes to 1 hour
90761			15.29			Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
90765			63.32			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
90766			19.79			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
90767			32.32			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)
90768			18.52			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
90769			137.26			Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
90770			13.17			Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
90771			61.80			Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
90772			17.54			Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
90773			15.44			Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intra-arterial

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
90774			49.59			Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
90775			21.53			Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
90776			I.C.			Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
90779			I.C.			Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion
90801	123.48	104.60				Psychiatric diagnostic interview examination
90801-HA	143.02					Psychiatric diagnostic interview examination (by a psychiatrist for MassHealth children and adolescents under the age of 21 using the CANS)
90802	130.88	113.00				Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
90804	51.63	44.35				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;
90805	57.09	49.81				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90806	72.97	68.00				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
90807	80.63	73.68				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90808	107.64	102.34				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
90809	114.63	107.68				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90810	54.92	48.63				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;
90811	63.36	54.09				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90812	79.68	72.07				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
90813	87.01	77.74				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90814	113.69	107.06				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;
90815	120.68	111.41				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90816			48.45			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
90817			53.24			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90818			72.15			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;
90819			76.83			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90821			106.77			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;
90822			111.33			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90823			52.18			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;
90824			57.52			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90826			76.71			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
90827			80.57			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90828			111.16			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;
90829			114.85			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90845	66.71	65.06				Psychoanalysis
90846	71.14	69.82				Family psychotherapy (without the patient present)
90847	88.58	83.62				Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	26.83	24.18				Multiple-family group psychotherapy
90853	25.29	23.64				Group psychotherapy (other than of a multiple-family group)
90857	28.72	25.41				Interactive group psychotherapy
90862	43.83	36.55				Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
90865	123.56	107.34				Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)
90870	117.23	69.56				Electroconvulsive therapy (includes necessary monitoring)
90875	57.86	46.60				Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes
90876	84.57	73.31				Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
90880	89.02	80.08				Hypnotherapy
90882			39.95			Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90885			37.44			Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90887	65.68	57.07				Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889			I.C.			Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers
90899			I.C.			Unlisted psychiatric service or procedure
90901	30.41	15.85				Biofeedback training by any modality
90911	74.80	36.06				Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
90918	498.34	482.45				End-stage renal disease (ESRD) related services per full month; for patients younger than two years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90919	360.86	352.91				End-stage renal disease (ESRD) related services per full month; for patients between two and eleven years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90920	314.85	307.23				End-stage renal disease (ESRD) related services per full month; for patients between twelve and nineteen years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90921	196.36	194.70				End-stage renal disease (ESRD) related services per full month; for patients twenty years of age and older
90922	16.50	16.17				End-stage renal disease (ESRD) related services (less than full month), per day; for patients younger than two years of age
90923			11.67			End-stage renal disease (ESRD) related services (less than full month), per day; for patients between two and eleven years of age

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
90924			10.22			End-stage renal disease (ESRD) related services (less than full month), per day; for patients between twelve and nineteen years of age
90925			6.72			End-stage renal disease (ESRD) related services (less than full month), per day; for patients twenty years of age and older
90935			54.78			Hemodialysis procedure with single physician evaluation
90937			89.20			Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
90940			I.C.			Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method
90945			57.11			Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation
90947			91.26			Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription
90989			I.C.			Dialysis training, patient, including helper where applicable, any mode, completed course
90993			I.C.			Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session
90997			71.85			Hemoperfusion (eg, with activated charcoal or resin)
90999			I.C.			Unlisted dialysis procedure, inpatient or outpatient
91000			61.96	28.97	32.99	Esophageal intubation and collection of washings for cytology, including preparation of specimens (separate procedure)
91010			171.22	52.40	118.82	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study;
91011			220.13	63.90	156.23	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with mecholyl or similar stimulant
91012			228.95	61.90	167.04	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with acid perfusion studies
91020			197.60	59.91	137.69	Gastric motility (manometric) studies
91022			167.47	60.24	107.23	Duodenal motility (manometric) study
91030			115.09	38.51	76.58	Esophagus, acid perfusion (Bernstein) test for esophagitis

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
91034			184.93	40.94	143.98	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
91035			414.45	66.53	347.93	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation
91037			135.60	41.27	94.32	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;
91038			116.71	46.89	69.82	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)
91040			341.86	38.63	303.23	Esophageal balloon distension provocation study
91052			111.85	33.29	78.56	Gastric analysis test with injection of stimulant of gastric secretion (eg, histamine, insulin, pentagastrin, calcium and secretin)
91055			119.12	36.58	82.54	Gastric intubation, washings, and preparing slides for cytology (separate procedure)
91065			52.58	8.11	44.46	Breath hydrogen test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
91100	113.42	41.58				Intestinal bleeding tube, passage, positioning and monitoring
91105	73.55	13.62				Gastric intubation, and aspiration or lavage for treatment (eg, for ingested poisons)
91110			814.21	152.20	662.01	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report
91111			652.74	43.45	609.28	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report
91120			358.53	38.84	319.69	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)
91122			209.52	72.39	137.13	Anorectal manometry
91123			I.C.			Pulsed irrigation of fecal impaction
91132				22.23		Electrogastrography, diagnostic, transcutaneous;
91133				28.34		Electrogastrography, diagnostic, transcutaneous; with provocative testing
91299			I.C.	I.C.	I.C.	Unlisted diagnostic gastroenterology procedure
92002	56.44	34.92				Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
92004	105.62	72.19				Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits
92012	59.55	36.04				Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	86.30	55.51				Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits
92015	36.98	14.79				Determination of refractive state
92018			103.07			Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete
92019			52.44			Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited
92020	20.14	15.18				Gonioscopy (separate procedure)
92025			26.42	13.96	12.46	Computerized corneal topography, unilateral or bilateral, with interpretation and report
92060			44.73	28.30	16.44	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)
92065			33.60	14.52	19.09	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
92070	52.74	28.91				Fitting of contact lens for treatment of disease, including supply of lens
92081			41.93	14.57	27.36	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
92082			54.76	17.79	36.96	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
92083			63.05	20.46	42.59	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
92100	68.82	36.70				Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)
92120	56.81	32.31				Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method
92130	63.76	33.63				Tonography with water provocation
92135			36.35	14.29	22.07	Scanning computerized ophthalmic diagnostic imaging, posterior segment, (eg, scanning laser) with interpretation and report, unilateral
92136			67.78	22.57	45.21	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
92140	45.29	20.13				Provocative tests for glaucoma, with interpretation and report, without tonography
92225	18.44	15.46				Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial
92226	16.71	13.73				Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent
92230	53.60	23.47				Fluorescein angiography with interpretation and report
92235			105.11	33.96	71.15	Fluorescein angiography (includes multiframe imaging) with interpretation and report
92240			206.45	46.25	160.21	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report
92250			59.39	17.79	41.60	Fundus photography with interpretation and report
92260	13.74	8.45				Ophthalmodynamometry
92265			64.95	32.08	32.88	Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report
92270			70.70	32.52	38.17	Electro-oculography with interpretation and report
92275			101.44	41.75	59.69	Electroretinography with interpretation and report
92283			35.30	6.95	28.36	Color vision examination, extended, eg, anomaloscope or equivalent
92284			56.79	9.23	47.56	Dark adaptation examination with interpretation and report

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
92285			35.48	8.45	27.03	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniphotography, stereo-photography)
92286			104.04	27.13	76.91	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count
92287	93.89	32.64				Special anterior segment photography with interpretation and report; with fluorescein angiography
92310	69.60	45.43				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	69.86	41.71				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye
92312	77.86	49.72				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
92313	67.16	36.04				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal scleral lens
92314	53.91	26.43				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
92315	48.53	17.41				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye
92316	61.46	28.02				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
92317	49.86	17.08				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal scleral lens
92325			20.74			Modification of contact lens (separate procedure), with medical supervision of adaptation
92326			40.36			Replacement of contact lens
92352	31.07	14.18				Fitting of spectacle prosthesis for aphakia; monofocal

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
92353	36.24	19.35				Fitting of spectacle prosthesis for aphakia; multifocal
92354			153.78			Fitting of spectacle mounted low vision aid; single element system
92355			79.34			Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
92358			20.94			Prosthesis service for aphakia, temporary (disposable or loan, including materials)
92371			14.67			Repair and refitting spectacles; spectacle prosthesis for aphakia
92499			I.C.	I.C.	I.C.	Unlisted ophthalmological service or procedure
92502			76.66			Otolaryngologic examination under general anesthesia
92504	23.45	7.56				Binocular microscopy (separate diagnostic procedure)
92506	125.63	35.91				Evaluation of speech, language, voice, communication, and/or auditory processing
92507	53.68	21.23				Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	25.02	11.11				Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92511	130.70	47.93				Nasopharyngoscopy with endoscope (separate procedure)
92512	51.21	21.74				Nasal function studies (eg, rhinomanometry)
92516	52.28	18.18				Facial nerve function studies (eg, electroneuronography)
92520	45.42	31.84				Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
92526	71.07	21.74				Treatment of swallowing dysfunction and/or oral function for feeding
92531			I.C.			Spontaneous nystagmus, including gaze
92532			I.C.			Positional nystagmus test
92533			I.C.			Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)
92534			I.C.			Optokinetic nystagmus test
92541			48.11	16.56	31.55	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542			50.25	13.73	36.52	Positional nystagmus test, minimum of 4 positions, with recording
92543			23.42	4.33	19.09	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording
92544			40.02	10.78	29.23	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545			36.86	9.61	27.25	Oscillating tracking test, with recording
92546			71.64	11.62	60.02	Sinusoidal vertical axis rotational testing

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
92547			4.27			Use of vertical electrodes (List separately in addition to code for primary procedure)
92548			82.73	21.01	61.72	Computerized dynamic posturography
92551			8.49			Screening test, pure tone, air only
92552			18.07			Pure tone audiometry (threshold); air only
92553			24.79			Pure tone audiometry (threshold); air and bone
92555			14.10			Speech audiometry threshold;
92556			19.17			Speech audiometry threshold; with speech recognition
92557	43.82	42.17				Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92559			I.C.			Audiometric testing of groups
92560			I.C.			Bekesy audiometry; screening
92561			24.79			Bekesy audiometry; diagnostic
92562			17.74			Loudness balance test, alternate binaural or monaural
92563			16.09			Tone decay test
92564			16.63			Short increment sensitivity index (SISI)
92565			11.78			Stenger test, pure tone
92567	17.80	16.47				Tympanometry (impedance testing)
92568			16.90			Acoustic reflex testing; threshold
92569			14.39			Acoustic reflex testing; decay
92571			14.43			Filtered speech test
92572			11.47			Staggered spondaic word test
92575			24.60			Sensorineural acuity level test
92576			17.96			Synthetic sentence identification test
92577			17.73			Stenger test, speech
92579	38.70	36.72				Visual reinforcement audiometry (VRA)
92582			32.74			Conditioning play audiometry
92583			28.53			Select picture audiometry
92584			68.08			Electrocochleography
92585			86.47	20.56	65.91	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586			57.30			Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
92587			39.64	5.50	34.15	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
92588			58.74	14.90	43.84	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
92596			27.77			Ear protector attenuation measurements

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114.3 CMR 17.00: MEDICINE

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
92597	85.57	36.90				Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92601	141.52	134.23				Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92602	91.09	83.81				Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming
92603	119.60	111.98				Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	71.49	65.53				Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
92605			I.C.			Evaluation for prescription of non-speech-generating augmentative and alternative communication device
92606			I.C.			Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
92607			128.87			Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608			24.91			Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
92609			67.74			Therapeutic services for the use of speech-generating device, including programming and modification
92610			86.80			Evaluation of oral and pharyngeal swallowing function
92611			90.78			Motion fluoroscopic evaluation of swallowing function by cine or video recording
92612	131.00	54.19				Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;
92613	31.49	31.15				Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report only
92614	117.75	54.19				Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92615			27.93			Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only
92616	162.36	80.25				Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
92617			34.71			Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report only
92620			52.27			Evaluation of central auditory function, with report; initial 60 minutes
92621			12.54			Evaluation of central auditory function, with report; each additional 15 minutes
92625			51.94			Assessment of tinnitus (includes pitch, loudness matching, and masking)
92626			70.81			Evaluation of auditory rehabilitation status; first hour
92627			16.98			Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)
92630			I.C.			Auditory rehabilitation; prelingual hearing loss
92633			I.C.			Auditory rehabilitation; postlingual hearing loss
92640			44.58			Diagnostic analysis with programming of auditory brainstem implant, per hour
92700			I.C.			Unlisted otorhinolaryngological service or procedure
92950	234.96	140.60				Cardiopulmonary resuscitation (eg, in cardiac arrest)
92953			9.17			Temporary transcutaneous pacing
92960	241.10	107.68				Cardioversion, elective, electrical conversion of arrhythmia; external
92961			209.17			Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)
92970			143.12			Cardioassist-method of circulatory assist; internal
92971			82.81			Cardioassist-method of circulatory assist; external
92973			146.81			Percutaneous transluminal coronary thrombectomy (List separately in addition to code for primary procedure)
92974			134.60			Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
92975			323.07			Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
92977			171.77			Thrombolysis, coronary; by intravenous infusion
92978			251.56	79.34	170.30	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
92979			151.05	63.66	85.99	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)
92980			670.51			Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel
92981			186.24			Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)
92982			497.37			Percutaneous transluminal coronary balloon angioplasty; single vessel
92984			132.77			Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
92986			1115.96			Percutaneous balloon valvuloplasty; aortic valve
92987			1156.00			Percutaneous balloon valvuloplasty; mitral valve
92990			881.48			Percutaneous balloon valvuloplasty; pulmonary valve
92992			I.C.			Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)
92993			I.C.			Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)
92995			546.96			Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel
92996			143.13			Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
92997			515.80			Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel
92998			259.29			Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
93000			19.29			Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005			12.35			Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93010			6.95			Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
93012			172.38			Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30 day period of time; tracing only
93014			21.90			Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30 day period of time; physician review with interpretation and report only
93015			88.17			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report
93016			19.61			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; physician supervision only, without interpretation and report
93017			55.67			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report
93018			12.89			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only
93024			100.79	50.40	50.39	Ergonovine provocation test
93025			214.97	32.83	182.14	Microvolt T-wave alternans for assessment of ventricular arrhythmias
93040			11.52			Rhythm ECG, one to three leads; with interpretation and report
93041			5.18			Rhythm ECG, one to three leads; tracing only without interpretation and report
93042			6.34			Rhythm ECG, one to three leads; interpretation and report only
93224			118.00			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation
93225			36.48			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; recording (includes hook-up, recording, and disconnection)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
93226			58.96			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; scanning analysis with report
93227			22.56			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; physician review and interpretation
93230			122.73			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation
93231			39.44			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; recording (includes hook-up, recording, and disconnection)
93232			61.39			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; microprocessor-based analysis with report
93233			21.90			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; physician review and interpretation
93235			117.75			Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report, physician review and interpretation
93236			97.95			Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; monitoring and real-time data analysis with report

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
93237			19.28			Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; physician review and interpretation
93268			239.37			Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; includes transmission, physician review and interpretation
93270			26.88			Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; recording (includes hook-up, recording, and disconnection)
93271			190.92			Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; monitoring, receipt of transmissions, and analysis
93272			21.57			Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; physician review and interpretation only
93278			40.34	10.50	29.84	Signal-averaged electrocardiography (SAECG), with or without ECG
93303			188.09	53.70	134.39	Transthoracic echocardiography for congenital cardiac anomalies; complete
93304			112.55	30.96	81.59	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
93307			162.70	39.57	123.13	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete
93308			96.81	22.84	73.97	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study
93312			267.34	92.26	175.08	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93313			33.43			Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93314			231.68	52.63	179.05	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
93315			258.12	117.93	131.97	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93316			35.87			Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
93317			215.92	72.99	132.84	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
93318				86.59		Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
93320			72.00	16.45	55.55	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete
93321			35.59	6.72	28.87	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)
93325			66.27	3.16	63.11	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
93350			168.01	64.23	103.77	Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report
93501			720.41	133.83	586.58	Right heart catheterization
93503			105.29			Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
93505			538.75	193.97	344.78	Endomyocardial biopsy
93508			855.22	190.69	664.53	Catheter placement in coronary artery(s), arterial coronary conduit(s), and/or venous coronary bypass graft(s) for coronary angiography without concomitant left heart catheterization
93510			1290.69	200.85	1089.84	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
93511			1597.48	232.06	1349.96	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; by cutdown
93514			1671.52	307.67	1334.94	Left heart catheterization by left ventricular puncture
93524			2100.55	318.90	1042.19	Combined transseptal and retrograde left heart catheterization
93526			1666.16	274.92	1391.24	Combined right heart catheterization and retrograde left heart catheterization
93527			2116.99	332.73	1766.34	Combined right heart catheterization and transseptal left heart catheterization through intact septum (with or without retrograde left heart catheterization)
93528			2199.49	404.29	1768.07	Combined right heart catheterization with left ventricular puncture (with or without retrograde left heart catheterization)
93529			1998.26	221.24	1764.32	Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization)
93530			840.37	186.59	636.12	Right heart catheterization, for congenital cardiac anomalies
93531			2218.19	363.77	1822.31	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
93532			2220.85	424.43	1748.62	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
93533			2056.78	295.48	1743.50	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
93539	54.75	17.67				Injection procedure during cardiac catheterization; for selective opacification of arterial conduits (eg, internal mammary), whether native or used for bypass
93540	157.56	18.84				Injection procedure during cardiac catheterization; for selective opacification of aortocoronary venous bypass grafts, one or more coronary arteries
93541			12.61			Injection procedure during cardiac catheterization; for pulmonary angiography
93542	96.05	12.61				Injection procedure during cardiac catheterization; for selective right ventricular or right atrial angiography
93543	53.67	12.61				Injection procedure during cardiac catheterization; for selective left ventricular or left atrial angiography
93544	39.31	11.17				Injection procedure during cardiac catheterization; for aortography

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
93545	111.03	17.67				Injection procedure during cardiac catheterization; for selective coronary angiography (injection of radiopaque material may be by hand)
93555			149.41	35.50	113.91	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; ventricular and/or atrial angiography
93556			218.51	36.39	182.12	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass)
93561			42.07	19.35	20.46	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
93562			19.77	6.00	12.76	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output
93571			250.66	78.68	170.42	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)
93572			147.54	61.58	84.78	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)
93580			806.52			Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant
93581			1064.67			Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
93600			171.35	94.39	73.69	Bundle of His recording
93602			139.29	93.61	41.67	Intra-atrial recording
93603			160.68	93.50	63.18	Right ventricular recording
93609			332.30	222.61	102.52	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)
93610			189.98	132.82	51.11	Intra-atrial pacing
93612			196.00	132.37	60.74	Intraventricular pacing

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
93613			312.56			Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
93615			52.67	41.52	12.09	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);
93616			75.82	55.11	12.08	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing
93618			344.53	190.29	148.85	Induction of arrhythmia by electrical pacing
93619			636.27	331.86	289.01	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia
93620			842.93	520.89	308.39	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording
93621				93.62		Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)
93622				137.27		Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)
93623				126.88		Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)
93624			306.06	220.52	74.63	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia
93631			585.46	324.06	234.59	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction
93640			430.16	155.77	269.35	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
93641			541.57	263.76	269.32	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator
93642			425.89	219.22	206.67	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
93650			477.98			Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
93651			723.27			Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination
93652			787.89			Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia
93660			144.19	82.18	62.01	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention
93662				122.80		Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)
93668			13.79			Peripheral arterial disease (PAD) rehabilitation, per session
93701			32.99	7.28	25.71	Bioimpedance, thoracic, electrical
93720			38.36			Plethysmography, total body; with interpretation and report
93721			31.75			Plethysmography, total body; tracing only, without interpretation and report
93722			6.62			Plethysmography, total body; interpretation and report only

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
93724			295.23	209.95	85.27	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
93727			28.85			Electronic analysis of implantable loop recorder (ILR) system (includes retrieval of recorded and stored ECG data, physician review and interpretation of retrieved ECG data and reprogramming)
93731			37.47	19.40	18.07	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
93732			60.62	40.23	20.39	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming
93733			34.72	7.28	27.44	Electronic analysis of dual chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis
93734			31.12	16.45	14.67	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
93735			49.75	32.01	17.74	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming
93736			31.84	6.39	25.46	Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
93740			8.54	6.00	2.53	Temperature gradient studies
93741			56.61	34.89	21.72	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, without reprogramming
93742			62.99	39.95	23.04	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, with reprogramming
93743			68.66	44.95	23.70	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, without reprogramming
93744			75.38	51.67	23.70	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, with reprogramming
93745			I.C.	I.C.	I.C.	Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events
93760			I.C.			Thermogram; cephalic
93762			I.C.			Thermogram; peripheral
93770			6.55	6.00	0.55	Determination of venous pressure
93784			59.92			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
93786			28.69			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only
93788			16.11			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report
93790			15.13			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with interpretation and report
93797	15.50	7.89				Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	22.93	12.00				Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
93799			I.C.	I.C.	I.C.	Unlisted cardiovascular service or procedure
93875			89.50	8.67	80.83	Noninvasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis)
93880			218.80	24.23	194.57	Duplex scan of extracranial arteries; complete bilateral study
93882			143.22	16.33	126.89	Duplex scan of extracranial arteries; unilateral or limited study
93886			263.68	38.12	225.56	Transcranial Doppler study of the intracranial arteries; complete study
93888			175.48	25.33	150.15	Transcranial Doppler study of the intracranial arteries; limited study
93890			225.63	41.12	184.51	Transcranial Doppler study of the intracranial arteries; vasoreactivity study
93892			240.41	46.30	194.11	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
93893			240.74	46.30	194.44	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
93922			106.21	10.06	96.16	Noninvasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg, ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
93923			162.16	18.05	144.11	Noninvasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (eg, segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia)
93924			197.86	20.66	177.20	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study
93925			269.56	23.34	246.22	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926			168.98	15.72	153.26	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
93930			213.67	18.66	195.00	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931			141.25	12.61	128.64	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study
93965			108.79	13.84	94.95	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
93970			218.56	27.55	191.01	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971			145.80	18.17	127.63	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
93975			328.45	73.23	255.22	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976			188.62	48.42	140.20	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93978			202.18	26.71	175.47	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979			140.25	17.89	122.35	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
93980			148.53	50.84	97.68	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981			114.06	17.68	96.38	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
93982			35.07			Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report
93990			165.19	10.27	154.92	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
94002			68.73			Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
94003			50.12			Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
94004			36.39			Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day
94005			66.33			Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more
94010			28.90	6.62	22.28	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94014			40.98			Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and physician review and interpretation
94015			21.07			Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)
94016			19.91			Patient-initiated spirometric recording per 30-day period of time; physician review and interpretation only
94060			49.55	11.52	38.04	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
94070			49.34	22.69	26.65	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)
94150			17.94	2.83	15.11	Vital capacity, total (separate procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
94200			19.28	4.28	15.00	Maximum breathing capacity, maximal voluntary ventilation
94240			33.05	9.79	23.26	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method
94250			22.70	4.28	18.42	Expired gas collection, quantitative, single procedure (separate procedure)
94260			26.55	4.84	21.72	Thoracic gas volume
94350			31.18	9.79	21.39	Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time
94360			35.91	9.79	26.12	Determination of resistance to airflow, oscillatory or plethysmographic methods
94370			29.75	9.79	19.96	Determination of airway closing volume, single breath tests
94375			31.15	11.52	19.63	Respiratory flow volume loop
94400			44.22	15.45	28.77	Breathing response to CO ₂ (CO ₂ response curve)
94450			42.48	14.91	27.58	Breathing response to hypoxia (hypoxia response curve)
94452			47.25	11.73	35.52	High altitude simulation test (HAST), with physician interpretation and report;
94453			65.00	15.24	49.76	High altitude simulation test (HAST), with physician interpretation and report; with supplemental oxygen titration
94610			49.22			Intrapulmonary surfactant administration by a physician through endotracheal tube
94620			74.95	24.47	50.48	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)
94621			132.13	55.49	76.64	Pulmonary stress testing; complex (including measurements of CO ₂ production, O ₂ uptake, and electrocardiographic recordings)
94640			11.69			Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)
94642			31.15			Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
94644			32.21			Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour
94645			12.02			Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)
94660	46.24	29.02				Continuous positive airway pressure ventilation (CPAP), initiation and management

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
94662			28.81			Continuous negative pressure ventilation (CNP), initiation and management
94664			12.78			Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94667			18.62			Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668			16.32			Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent
94680			57.10	9.79	47.31	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple
94681			67.64	7.45	60.18	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted
94690			53.35	2.83	50.52	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)
94720			44.52	9.79	34.73	Carbon monoxide diffusing capacity (eg, single breath, steady state)
94725			74.28	9.79	64.49	Membrane diffusion capacity
94750			58.81	8.62	50.19	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)
94760			2.08			Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761			4.27			Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94762			24.00			Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)
94770			31.73	5.73	26.00	Carbon dioxide, expired gas determination by infrared analyzer
94772			I.C.	I.C.	I.C.	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant
94774			I.C.			Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, physician review, interpretation, and preparation of a report
94775			I.C.			Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
94776			I.C.			Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only
94777			I.C.			Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; physician review, interpretation and preparation of report only
94799			I.C.	I.C.	I.C.	Unlisted pulmonary service or procedure
95004			4.80			Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95010			15.00			Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, specify number of tests
95012			16.44			Nitric oxide expired gas determination
95015			10.36			Intracutaneous (intra dermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, specify number of tests
95024			5.79			Intracutaneous (intra dermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95027			4.47			Intracutaneous (intra dermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95028			9.15			Intracutaneous (intra dermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044			6.17			Patch or application test(s) (specify number of tests)
95052			6.84			Photo patch test(s) (specify number of tests)
95056			23.72			Photo tests
95060			18.31			Ophthalmic mucous membrane tests
95065			15.11			Direct nasal mucous membrane test
95070			51.75			Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds
95071			64.99			Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify
95075	51.99	37.76				Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance such as metabisulfite)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
95115			10.69			Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117			13.34			Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections
95120			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single injection
95125			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two or more injections
95130			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single stinging insect venom
95131			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two stinging insect venoms
95132			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; three stinging insect venoms
95133			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; four stinging insect venoms
95134			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; five stinging insect venoms
95144	9.50	2.55				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
95145	13.15	2.55				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
95146	20.43	2.55				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); two single stinging insect venoms

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
95147	19.77	2.55				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); three single stinging insect venoms
95148	27.71	2.55				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); four single stinging insect venoms
95149	36.65	2.55				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); five single stinging insect venoms
95165	9.50	2.55				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	7.52	2.55				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
95180	118.21	85.10				Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)
95199			I.C.			Unlisted allergy/clinical immunologic service or procedure
95250			126.03			Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
95251			31.44			Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; physician interpretation and report
95805			463.64	73.61	390.03	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
95806			175.22	64.94	110.28	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist
95807			457.01	63.61	393.40	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
95808			565.18	103.58	461.60	Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist
95810			693.62	136.33	557.28	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist

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95811			762.83	146.40	616.43	Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
95812			198.34	44.01	154.33	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95813			243.61	69.75	173.86	Electroencephalogram (EEG) extended monitoring; greater than one hour
95816			182.24	44.01	138.22	Electroencephalogram (EEG); including recording awake and drowsy
95819			184.55	44.01	140.54	Electroencephalogram (EEG); including recording awake and asleep
95822			201.75	44.01	157.74	Electroencephalogram (EEG); recording in coma or sleep only
95824				30.12		Electroencephalogram (EEG); cerebral death evaluation only
95827			269.95	42.81	227.15	Electroencephalogram (EEG); all night recording
95829			1107.50	250.90	856.60	Electrocorticogram at surgery (separate procedure)
95830	153.44	68.68				Insertion by physician of sphenoidal electrodes for electroencephalographic (EEG) recording
95831	22.27	11.67				Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832	20.11	12.17				Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
95833	31.43	19.51				Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
95834	36.59	25.01				Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
95851	14.94	6.67				Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	11.56	4.61				Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
95857	34.76	21.51				Tensilon test for myasthenia gravis
95860			71.01	40.12	30.89	Needle electromyography; one extremity with or without related paraspinal areas
95861			96.43	64.02	32.41	Needle electromyography; two extremities with or without related paraspinal areas
95863			115.67	76.64	39.03	Needle electromyography; three extremities with or without related paraspinal areas
95864			139.51	81.98	57.54	Needle electromyography; four extremities with or without related paraspinal areas
95865			93.20	66.40	26.80	Needle electromyography; larynx
95866			71.14	51.95	19.18	Needle electromyography; hemidiaphragm
95867			57.99	32.30	25.69	Needle electromyography; cranial nerve supplied muscle(s), unilateral

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
95868			79.78	48.58	31.20	Needle electromyography; cranial nerve supplied muscles, bilateral
95869			34.36	15.39	18.97	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
95870			33.70	15.39	18.31	Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
95872			130.52	106.94	23.59	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
95873			34.03	15.72	18.31	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95874			33.37	15.72	17.65	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95875			81.40	46.01	35.39	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
95900			48.67	17.45	31.22	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study
95903			54.24	24.68	29.56	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study
95904			42.46	14.22	28.24	Nerve conduction, amplitude and latency/velocity study, each nerve; sensory
95920			129.72	88.15	41.56	Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)
95921			57.53	35.58	21.95	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including two or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
95922			67.70	38.79	28.90	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least five minutes of passive tilt
95923			97.47	36.79	60.69	Testing of autonomic nervous system function; sudomotor, including one or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
95925			86.75	22.22	64.52	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
95926			85.54	22.01	63.53	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs
95927			88.40	22.88	65.52	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head
95928			159.02	61.03	97.98	Central motor evoked potential study (transcranial motor stimulation); upper limbs
95929			167.62	61.37	106.26	Central motor evoked potential study (transcranial motor stimulation); lower limbs
95930			91.53	14.50	77.03	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash
95933			54.04	24.28	29.76	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95934			36.28	20.96	15.33	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle
95936			33.64	22.62	11.02	H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle
95937			45.45	27.48	17.98	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method
95950			199.76	61.41	138.35	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours
95951			1601.79	244.25	1317.18	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours
95953			350.98	132.51	218.47	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours
95954			214.83	95.34	119.48	Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (eg, thiopental activation test)
95955			117.01	39.86	77.15	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
95956			623.73	125.16	498.57	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours
95957			199.26	80.80	118.45	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)
95958			294.50	172.19	122.31	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring
95961			188.73	129.62	59.11	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance
95962			179.09	134.54	44.54	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of physician attendance (List separately in addition to code for primary procedure)
95965				329.24		Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)
95966				163.45		Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)
95967				136.94		Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)
95970	42.01	17.51				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
95971	44.13	29.90				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming
95972	83.94	60.10				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour
95973	45.39	36.45				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
95974	139.15	121.60				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
95975	76.84	69.89				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
95978	164.46	139.96				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour
95979	73.98	66.70				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
95980			32.11			Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming
95981	23.37	12.78				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming
95982	34.78	25.18				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
95990			52.94			Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular);
95991	74.10	28.41				Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician
95999			I.C.			Unlisted neurological or neuromuscular diagnostic procedure
96000			68.50			Comprehensive computer-based motion analysis by video-taping and 3-D kinematics;
96001			82.35			Comprehensive computer-based motion analysis by video-taping and 3-D kinematics; with dynamic plantar pressure measurements during walking
96002			16.18			Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
96003			14.07			Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle
96004			88.25			Physician review and interpretation of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report
96020				134.81		Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or psychologist, with review of test results and report
96040			32.66			Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
96101	69.54	68.88				Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96102	43.31	18.47				Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
96103	33.20	19.30				Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report
96105			60.48			Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
96110			9.82			Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
96111	105.24	103.25				Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
96116	78.29	73.00				Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	92.53	71.67				Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96119	61.26	23.85				Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	54.73	18.97				Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
96125	76.05	63.14				Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96150	18.81	18.47				Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	18.25	17.92				Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96152	17.36	17.03				Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	4.00	3.67				Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	17.08	16.75				Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
96155			17.35			Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)
96401			56.07			Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402			34.98			Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96405	116.47	23.10				Chemotherapy administration; intralesional, up to and including 7 lesions
96406	132.56	33.24				Chemotherapy administration; intralesional, more than 7 lesions
96409			102.68			Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411			58.19			Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
96413			138.99			Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415			30.31			Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
96416			151.27			Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
96417			68.28			Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)
96420			96.52			Chemotherapy administration, intra-arterial; push technique
96422			160.75			Chemotherapy administration, intra-arterial; infusion technique, up to one hour
96423			69.40			Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96425			157.77			Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96440	296.26	106.22				Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96445	287.23	99.84				Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis
96450	242.29	79.73				Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture
96521			121.70			Refilling and maintenance of portable pump
96522			96.87			Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96523			23.51			Irrigation of implanted venous access device for drug delivery systems
96542	151.56	38.66				Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96549			I.C.			Unlisted chemotherapy procedure
96567			95.22			Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session
96570			45.65			Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)
96571			22.29			Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
96900			16.98			Actinotherapy (ultraviolet light)
96902	16.62	15.96				Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality
96904			63.12			Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma
96910			50.52			Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912			64.64			Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913			87.23			Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least four to eight hours of care under direct supervision of the physician (includes application of medication and dressings)
96920	133.84	51.07				Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	131.63	51.18				Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922	193.89	86.95				Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
96999			I.C.			Unlisted special dermatological service or procedure
97001			57.74			Physical therapy evaluation
97002			31.08			Physical therapy re-evaluation
97003			61.93			Occupational therapy evaluation
97004			37.37			Occupational therapy re-evaluation
97005			I.C.			Athletic training evaluation
97006			I.C.			Athletic training re-evaluation
97010			3.88			Application of a modality to one or more areas; hot or cold packs
97012			11.83			Application of a modality to one or more areas; traction, mechanical
97014			11.20			Application of a modality to one or more areas; electrical stimulation (unattended)
97016			12.19			Application of a modality to one or more areas; vasopneumatic devices
97018			6.19			Application of a modality to one or more areas; paraffin bath
97022			13.90			Application of a modality to one or more areas; whirlpool
97024			4.21			Application of a modality to one or more areas; diathermy (eg, microwave)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
97026			3.88			Application of a modality to one or more areas; infrared
97028			5.10			Application of a modality to one or more areas; ultraviolet
97032			13.15			Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033			19.39			Application of a modality to one or more areas; iontophoresis, each 15 minutes
97034			11.70			Application of a modality to one or more areas; contrast baths, each 15 minutes
97035			9.39			Application of a modality to one or more areas; ultrasound, each 15 minutes
97036			20.61			Application of a modality to one or more areas; Hubbard tank, each 15 minutes
97039			I.C.			Unlisted modality (specify type and time if constant attendance)
97110			22.59			Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112			23.70			Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113			27.73			Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116			19.99			Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97124			18.26			Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139			I.C.			Unlisted therapeutic procedure (specify)
97140			21.16			Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97150			14.37			Therapeutic procedure(s), group (2 or more individuals)
97530			24.08			Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97532			19.45			Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
97533			20.77			Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
97535			24.36			Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
97537			21.71			Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes
97542			22.05			Wheelchair management (eg, assessment, fitting, training), each 15 minutes
97545			I.C.			Work hardening/conditioning; initial 2 hours
97546			I.C.			Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
97597	46.40	30.17				Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters
97598	57.50	39.29				Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters
97602			I.C.			Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
97605	28.03	21.41				Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97606	29.97	23.35				Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
97750			23.58			Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755			27.01			Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes
97760			25.79			Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97761			22.92			Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97762			26.61			Checkout for orthotic/prosthetic use, established patient, each 15 minutes
97799			I.C.			Unlisted physical medicine/rehabilitation service or procedure
97802	22.71	22.38				Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	20.14	19.81				Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	11.50	11.17				Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
97810	27.99	23.35				Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	21.22	19.57				Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813	29.71	25.41				Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
97814	23.94	21.62				Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
98925	22.92	17.29				Osteopathic manipulative treatment (OMT); one to two body regions involved
98926	31.70	25.74				Osteopathic manipulative treatment (OMT); three to four body regions involved
98927	40.82	33.54				Osteopathic manipulative treatment (OMT); five to six body regions involved
98928	47.82	39.54				Osteopathic manipulative treatment (OMT); seven to eight body regions involved
98929	54.82	45.21				Osteopathic manipulative treatment (OMT); nine to ten body regions involved
98960			19.42			Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961			9.48			Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
98962			6.84			Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients
98966	10.17	9.18				Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
98967	19.02	18.03				Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
98968	28.20	27.21				Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
98969			I.C.			Online assessment and management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network
99000			1.00			Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory
99001			I.C.			Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)
99002			I.C.			Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician
99024			I.C.			Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure
99026			I.C.			Hospital mandated on call service; in-hospital, each hour
99027			I.C.			Hospital mandated on call service; out-of-hospital, each hour
99050			17.05			Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service
99051			17.05			Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
99053			I.C.			Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99056			I.C.			Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service
99058			I.C.			Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service
99060			I.C.			Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service
99070			I.C.			Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)
99071			I.C.			Educational supplies, such as books, tapes, and pamphlets, provided by the physician for the patient's education at cost to physician
99075			I.C.			Medical testimony
99078			I.C.			Physician educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)
99080			I.C.			Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
99082			I.C.			Unusual travel (eg, transportation and escort of patient)
99090			I.C.			Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data)
99091			39.84			Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time
99100			I.C.			Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)
99116			I.C.			Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)
99135			I.C.			Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)
99140			I.C.			Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99143			I.C.			Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; younger than 5 years of age, first 30 minutes intra-service time
99144			I.C.			Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; age 5 years or older, first 30 minutes intra-service time
99145			I.C.			Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time (List separately in addition to code for primary service)
99148			I.C.			Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; younger than 5 years of age, first 30 minutes intra-service time
99149			I.C.			Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; age 5 years or older, first 30 minutes intra-service time
99150			I.C.			Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (List separately in addition to code for primary service)
99170	110.16	69.77				Anogenital examination with colposcopic magnification in childhood for suspected trauma

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99172			I.C.			Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)
99174			I.C.			Ocular photoscreening with interpretation and report, bilateral
99175			30.95			Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison
99183	165.42	90.27				Physician attendance and supervision of hyperbaric oxygen therapy, per session
99185			38.93			Hypothermia; regional
99186			66.28			Hypothermia; total body
99190			I.C.			Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour
99191			I.C.			Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes
99192			I.C.			Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes
99195			50.09			Phlebotomy, therapeutic (separate procedure)
99199			I.C.			Unlisted special service, procedure or report
99201	30.42	18.17				Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99202	52.45	35.57				Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99203	76.42	54.23				Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99204	116.10	90.28				Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99205	145.89	117.75				Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99211	16.88	6.95				Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99212	31.41	18.17				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99213	50.49	34.93				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	75.80	54.61				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99215	102.24	78.40				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99217			53.90			Observation care discharge day management (This code is to be utilized by the physician to report all services provided to a patient on discharge from observation status if the discharge is on other than the initial date of observation status. To report services to a patient designated as observation status or inpatient status and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]
99218			50.59			Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to observation status are of low severity.
99219			83.40			Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to observation status are of moderate severity.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99220			117.25			Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to observation status are of high severity.
99221			70.53			Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.
99222			97.44			Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.
99223			143.06			Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99231			29.47			Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.
99232			52.90			Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.
99233			75.65			Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99234			101.73			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity.
99235			134.04			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity.
99236			166.69			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity.
99238			54.02			Hospital discharge day management; 30 minutes or less
99239			77.71			Hospital discharge day management; more than 30 minutes

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99241	40.46	26.22				Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99242	74.64	55.11				Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	102.28	76.79				Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99244	149.97	120.84				Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99245	184.89	151.78				Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.
99251			37.92			Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.
99252			60.35			Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.
99253			90.22			Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99254			130.38			Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.
99255			160.87			Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.
99281			15.97			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
99282			30.39			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99283			48.60			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
99284			90.02			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.
99285			133.85			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
99288			I.C.			Physician direction of emergency medical systems (EMS) emergency care, advanced life support
99289			180.57			Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of hands on care during transport
99290			97.71			Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; each additional 30 minutes (List separately in addition to code for primary service)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99291	210.23	169.51				Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99292	93.31	85.03				Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)
99293			611.45			Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99294			299.89			Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99295			704.71			Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
99296			306.04			Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
99298			106.89			Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 g)
99299			97.05			Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 g)
99300			95.70			Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 g)
99304			63.56			Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99305			88.21			Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes with the patient and/or family or caregiver.
99306			113.15			Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
99307			31.46			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes with the patient and/or family or caregiver.
99308			48.47			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes with the patient and/or family or caregiver.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99309			64.75			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
99310			94.46			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes with the patient and/or family or caregiver.
99315			46.85			Nursing facility discharge day management; 30 minutes or less
99316			61.37			Nursing facility discharge day management; more than 30 minutes
99318			66.35			Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 30 minutes with the patient and/or family or caregiver.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99324			44.49			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.
99325			64.46			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.
99326			104.36			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
99327			135.45			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99328			160.31			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.
99334			44.63			Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.
99335			68.50			Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
99336			96.75			Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99337			138.80			Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
99339			55.38			Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99340			77.24			Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99341			44.16			Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99342			64.46			Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99343			101.90			Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99344			I.C.			Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99345			I.C.			Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family.
99347			42.35			Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99348			63.70			Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99349			92.79			Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99350			I.C.			Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99354	74.63	70.32				Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)
99355	73.42	68.79				Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); each additional 30 minutes (List separately in addition to code for prolonged physician service)
99356			67.77			Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); first hour (List separately in addition to code for inpatient Evaluation and Management service)
99357			67.99			Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); each additional 30 minutes (List separately in addition to code for prolonged physician service)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99358			77.43			Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour (List separately in addition to code(s) for other physician service(s) and/or inpatient or outpatient Evaluation and Management service)
99359			37.38			Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes (List separately in addition to code for prolonged physician service)
99360			43.84			Physician standby service, requiring prolonged physician attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)
99363	90.60	60.14				Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)
99364	31.02	23.08				Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)
99366	30.80	30.47				Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional
99367			40.05			Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician
99368			26.04			Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99374	52.30	43.03				Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99375	87.86	81.91				Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99377	52.30	43.03				Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99378	94.49	88.53				Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99379	52.09	42.82				Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99380	78.38	67.12				Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99381	83.55	51.02				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
99382	90.25	58.45				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	88.79	58.45				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	96.46	65.75				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	96.46	65.75				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years
99386	112.60	80.80				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99387	122.90	88.17				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 65 years and older
99391	66.74	43.71				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
99392	74.41	51.02				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
99393	73.68	51.02				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	80.75	58.45				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	81.48	58.45				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99396	89.15	65.75				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years
99397	99.45	73.50				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 65 years and older
99401	29.84	18.58				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	49.97	37.72				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	69.42	56.51				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	88.94	75.37				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99406	10.22	9.56				Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	58.32	55.45				Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99408	24.65	23.32				Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	48.19	46.86				Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
99411	11.02	6.06				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
99412	15.47	9.84				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes
99420			7.50			Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)
99429			I.C.			Unlisted preventive medicine service

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99431			64.21			History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records. (This code should also be used for birthing room deliveries.)
99432	68.79	47.93				Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s)
99433			34.81			Subsequent hospital care, for the evaluation and management of a normal newborn, per day
99435			88.42			History and examination of the normal newborn infant, including the preparation of medical records. (This code should only be used for newborns assessed and discharged from the hospital or birthing room on the same date.)
99436			56.40			Attendance at delivery (when requested by delivering physician) and initial stabilization of newborn
99440			160.58			Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
99441	10.39	9.39				Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
99442	19.02	18.03				Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
99443	28.20	27.21				Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

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114.3 CMR 17.00: MEDICINE

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99444			I.C.			Online evaluation and management service provided by a physician to an established patient, guardian, or health care provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network
99450			I.C.			Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with chain of custody protocols; and Completion of necessary documentation/certificates.
99455			I.C.			Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.
99456			I.C.			Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.
99477			267.81			Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or less, who requires intensive observation, frequent interventions, and other intensive care services
99499			I.C.			Unlisted evaluation and management service
99500			I.C.			Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
99501			I.C.			Home visit for postnatal assessment and follow-up care
99502			I.C.			Home visit for newborn care and assessment
99503			I.C.			Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)
99504			I.C.			Home visit for mechanical ventilation care

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
99505			I.C.			Home visit for stoma care and maintenance including colostomy and cystostomy
99506			I.C.			Home visit for intramuscular injections
99507			I.C.			Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)
99509			I.C.			Home visit for assistance with activities of daily living and personal care
99510			I.C.			Home visit for individual, family, or marriage counseling
99511			I.C.			Home visit for fecal impaction management and enema administration
99512			I.C.			Home visit for hemodialysis
99600			I.C.			Unlisted home visit service or procedure
99601			I.C.			Home infusion/specialty drug administration, per visit (up to 2 hours);
99602			I.C.			Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)
99605			I.C.			Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient
99606			I.C.			Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient
99607			I.C.			Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)
G0108			23.72			Diabetes outpatient self-management training services, individual, per 30 minutes
G0109			13.46			Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
G0270	20.14	19.81				Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
G0271	11.50	11.17				Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes

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114.3 CMR 17.00: MEDICINE

TOBACCO CESSATION COUNSELING SERVICES

CODE	NFAC	FAC	DESCRIPTION
99407	58.32	55.45	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
99407 SA	49.58	47.13	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse practitioners employed by an eligible billing entity.)
99407 SB	49.58	47.13	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse midwives employed by an eligible billing entity.)
99407 HN	49.58	47.13	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician assistants employed by an eligible billing entity.)
99407 TD	49.58	47.13	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are registered nurses employed by an eligible billing entity.)
99407 U1	49.58	47.13	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are tobacco cessation counselors employed by an eligible billing entity.)
99407 TF	87.49	83.17	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
99407 U2	74.36	70.69	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)
99407 HQ	34.99	33.27	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
99407 U3	29.75	28.28	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)

BEHAVIORAL HEALTH SCREENING SERVICES

CODE	RATE	DESCRIPTION
96110 U1	9.82	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician, Independent Nurse Midwife, Independent Nurse Practitioner, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening with no behavioral health need identified.)
96110 U2	9.82	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician, Independent Nurse Midwife, Independent Nurse Practitioner, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening and behavioral health need identified.)

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CODE	RATE	DESCRIPTION
96110 U3	9.82	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Nurse Midwife employed by Physician or CHC, completed behavioral health screening with no behavioral health need identified.)
96110 U4	9.82	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Nurse Midwife employed by Physician or CHC, completed behavioral health screening and behavioral health need identified.)
96110 U5	9.82	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Nurse Practitioner employed by Physician or CHC, completed behavioral health screening with no behavioral health need identified.)
96110 U6	9.82	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Nurse Practitioner employed by Physician or CHC, completed behavioral health screening and behavioral health need identified.)
96110 U7	9.82	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician Assistant employed by Physician or CHC, completed behavioral health screening with no behavioral health need identified.)
96110 U8	9.82	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician Assistant employed by Physician or CHC, completed behavioral health screening and behavioral health need identified.)

CODE	GLOBAL FEE	DESCRIPTION
H2011	21.28	Crisis intervention service, per 15 minutes
J0128	I.C.	Injection, abarelix, 10 mg
J0129	18.69	Injection, abatacept, 10 mg
J0135	330.68	Injection, adalimumab, 20 mg
J0170	1.04	Injection, adrenalin, epinephrine, up to 1 ml ampule
J0215	26.56	Injection, alefacept, 0.5 mg
J0256	3.38	Injection, alpha 1-proteinase inhibitor - human, 10 mg
J0270	1.98	Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
J0290	2.37	Injection, ampicillin sodium, 500 mg
J0295	4.66	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g
J0348	1.86	Injection, anadulafungin, 1 mg
J0456	17.61	Injection, azithromycin, 500 mg
J0460	0.60	Injection, atropine sulfate, up to 0.3 mg
J0475	196.92	Injection, baclofen, 10 mg
J0476	70.96	Injection, baclofen, 50 mcg for intrathecal trial
J0530	14.75	Injection, penicillin G benzathine and penicillin G procaine, up to 600,000 units
J0540	33.00	Injection, penicillin G benzathine and penicillin G procaine, up to 1,200,000 units
J0550	33.00	Injection, penicillin G benzathine and penicillin G procaine, up to 2,400,000 units
J0560	23.77	Injection, penicillin G benzathine, up to 600,000 units
J0570	40.89	Injection, penicillin G benzathine, up to 1,200,000 units

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CODE	GLOBAL FEE	DESCRIPTION
J0580	46.53	Injection, penicillin G benzathine, up to 2,400,000 units
J0585	5.26	Botulinum toxin type A, per unit
J0587	8.71	Botulinum toxin type B, per 100 units
J0592	0.71	Injection, buprenorphine HCl, 0.1 mg
J0640	0.86	Injection, leucovorin calcium, per 50 mg
J0690	1.42	Injection, cefazolin sodium, 500 mg
J0694	8.28	Injection, cefoxitin sodium, 1 g
J0696	1.25	Injection, ceftriaxone sodium, per 250 mg
J0697	3.97	Injection, sterile cefuroxime sodium, per 750 mg
J0702	5.60	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg
J0704	1.13	Injection, betamethasone sodium phosphate, per 4 mg
J0780	1.11	Injection, prochlorperazine, up to 10 mg
J0835	64.88	Injection, cosyntropin, per 0.25 mg
J0881	2.89	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
J0882	2.89	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)
J0885	8.96	Injection, epoetin alfa, (for non-ESRD use), 1000 units
J0886	8.96	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)
J0900	I.C.	Injection, testosterone enanthate and estradiol valerate, up to 1 cc
J1020	2.27	Injection, methylprednisolone acetate, 20 mg
J1030	4.63	Injection, methylprednisolone acetate, 40 mg
J1040	8.71	Injection, methylprednisolone acetate, 80 mg
J1055	I.C.	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg
J1056	I.C.	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg
J1060	4.14	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml
J1070	4.88	Injection, testosterone cypionate, up to 100 mg
J1080	12.44	Injection, testosterone cypionate, 1 cc, 200 mg
J1094	0.23	Injection, dexamethasone acetate, 1 mg
J1100	0.11	Injection, dexamethasone sodium phosphate, 1 mg
J1160	3.85	Injection, digoxin, up to 0.5 mg
J1170	2.02	Injection, hydromorphone, up to 4 mg
J1200	0.80	Injection, diphenhydramine HCl, up to 50 mg
J1260	4.80	Injection, dolasetron mesylate, 10 mg
J1320	I.C.	Injection, amitriptyline HCl, up to 20 mg
J1438	168.75	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1440	199.04	Injection, filgrastim (G-CSF), 300 mcg
J1441	305.39	Injection, filgrastim (G-CSF), 480 mcg
J1460	11.76	Injection, gamma globulin, intramuscular, 1 cc
J1470	23.52	Injection, gamma globulin, intramuscular, 2 cc
J1480	35.27	Injection, gamma globulin, intramuscular, 3 cc
J1490	47.04	Injection, gamma globulin, intramuscular, 4 cc
J1500	58.80	Injection, gamma globulin, intramuscular, 5 cc
J1510	70.58	Injection, gamma globulin, intramuscular, 6 cc
J1520	82.26	Injection, gamma globulin, intramuscular, 7 cc
J1530	94.07	Injection, gamma globulin, intramuscular, 8 cc
J1540	105.89	Injection, gamma globulin, intramuscular, 9 cc
J1550	117.59	Injection, gamma globulin, intramuscular, 10 cc
J1561	32.88	Injection, immune globulin, (Gamunex), intravenous, nonlyophilized (e.g., liquid), 500 mg

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CODE	GLOBAL FEE	DESCRIPTION
J1562	7.08	Injection, immune globulin (Vivaglobin), 100 mg
J1566	27.67	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
J1569	31.65	Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg
J1571	59.25	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml
J1580	1.33	Injection, garamycin, gentamicin, up to 80 mg
J1626	4.72	Injection, granisetron HCl, 100 mcg
J1630	1.79	Injection, haloperidol, up to 5 mg
J1644	0.22	Injection, Heparin sodium, per 1000 units
J1650	5.81	Injection, enoxaparin sodium, 10 mg
J1655	2.29	Injection, tinzaparin sodium, 1000 IU
J1670	101.19	Injection, tetanus immune globulin, human, up to 250 units
J1700	I.C.	Injection, hydrocortisone acetate, up to 25 mg
J1710	I.C.	Injection, hydrocortisone sodium phosphate, up to 50 mg
J1720	2.13	Injection, hydrocortisone sodium succinate, up to 100 mg
J1740	139.04	Injection, ibandronate sodium, 1 mg
J1745	55.21	Injection, infliximab, 10 mg
J1751	11.62	Injection, iron dextran 165, 50 mg
J1752	11.62	Injection, iron dextran 267, 50 mg
J1790	1.18	Injection, droperidol, up to 5 mg
J1800	3.27	Injection, propranolol HCl, up to 1 mg
J1815	0.28	Injection, insulin, per 5 units
J1885	0.41	Injection, ketorolac tromethamine, per 15 mg
J1890	I.C.	Injection, cephalothin sodium, up to 1 g
J1940	0.25	Injection, furosemide, up to 20 mg
J1950	453.31	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J1956	6.01	Injection, levofloxacin, 250 mg
J1990	21.05	Injection, chlorthalidone HCl, up to 100 mg
J2001	0.02	Injection, lidocaine HCl for intravenous infusion, 10 mg
J2060	0.95	Injection, lorazepam, 2 mg
J2150	0.88	Injection, mannitol, 25% in 50 ml
J2175	2.06	Injection, meperidine HCl, per 100 mg
J2248	1.36	Injection, micafungin sodium, 1 mg
J2250	0.24	Injection, midazolam HCl, per 1 mg
J2270	2.75	Injection, morphine sulfate, up to 10 mg
J2271	4.54	Injection, morphine sulfate, 100 mg
J2275	4.28	Injection, morphine sulfate (preservative-free sterile solution), per 10 mg
J2300	1.18	Injection, nalbuphine HCl, per 10 mg
J2310	3.06	Injection, naloxone HCl, per 1 mg
J2315	1.88	Injection, naltrexone, depot form, 1 mg
J2323	7.51	Injection, natalizumab, 1 mg
J2355	249.02	Injection, oprelvekin, 5 mg
J2357	17.42	Injection, omalizumab, 5 mg
J2405	0.28	Injection, ondansetron HCl, per 1 mg
J2430	29.63	Injection, pamidronate disodium, per 30 mg
J2440	0.45	Injection, papaverine HCl, up to 60 mg
J2469	16.64	Injection, palonosetron HCl, 25 mcg
J2503	1045.48	Injection, pegaptanib sodium, 0.3 mg
J2505	2191.41	Injection, pegfilgrastim, 6 mg

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CODE	GLOBAL FEE	DESCRIPTION
J2510	10.32	Injection, penicillin G procaine, aqueous, up to 600,000 units
J2515	7.69	Injection, pentobarbital sodium, per 50 mg
J2550	1.52	Injection, promethazine HCl, up to 50 mg
J2560	3.62	Injection, phenobarbital sodium, up to 120 mg
J2650	0.17	Injection, prednisolone acetate, up to 1 ml
J2675	1.58	Injection, progesterone, per 50 mg
J2680	2.11	Injection, fluphenazine decanoate, up to 25 mg
J2760	24.00	Injection, phentolamine mesylate, up to 5 mg
J2765	0.40	Injection, metoclopramide HCl, up to 10 mg
J2778	405.89	Injection, ranibizumab, 0.1 mg
J2780	0.61	Injection, ranitidine HCl, 25 mg
J2788	27.37	Injection, Rho D immune globulin, human, minidose, 50 mcg
J2790	81.03	Injection, Rho D immune globulin, human, full dose, 300 mcg
J2792	15.65	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU
J2794	4.91	Injection, risperidone, long acting, 0.5 mg
J2820	24.57	Injection, sargramostim (GM-CSF), 50 mcg
J2910	I.C.	Injection, aurothioglucose, up to 50 mg
J2916	4.85	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
J2920	1.98	Injection, methylprednisolone sodium succinate, up to 40 mg
J2930	3.49	Injection, methylprednisolone sodium succinate, up to 125 mg
J2940	I.C.	Injection, somatrem, 1 mg
J2941	49.24	Injection, somatropin, 1 mg
J3010	0.33	Injection, fentanyl citrate, 0.1 mg
J3030	65.85	Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J3110	I.C.	Injection, teriparatide, 10 mcg
J3120	5.29	Injection, testosterone enanthate, up to 100 mg
J3130	10.28	Injection, testosterone enanthate, up to 200 mg
J3230	3.33	Injection, chlorpromazine HCl, up to 50 mg
J3243	1.02	Injection, tigecycline, 1 mg
J3250	4.45	Injection, trimethobenzamide HCl, up to 200 mg
J3301	1.50	Injection, triamcinolone acetonide, per 10 mg
J3302	0.28	Injection, triamcinolone diacetate, per 5 mg
J3303	1.51	Injection, triamcinolone hexacetonide, per 5 mg
J3360	0.86	Injection, diazepam, up to 5 mg
J3396	9.12	Injection, verteporfin, 0.1 mg
J3410	0.18	Injection, hydroxyzine HCl, up to 25 mg
J3411	2.36	Injection, thiamine HCl, 100 mg
J3420	0.55	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg
J3430	3.62	Injection, phytonadione (vitamin K), per 1 mg
J3475	0.13	Injection, magnesium sulfate, per 500 mg
J3487	208.76	Injection, zoledronic acid (Zometa), 1 mg
J3490	I.C.	Unclassified drugs
J3590	I.C.	Unclassified biologics
J7030	1.20	Infusion, normal saline solution, 1,000 cc
J7040	0.60	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7042	0.45	5% dextrose/normal saline (500 ml = 1 unit)
J7050	0.30	Infusion, normal saline solution, 250 cc
J7060	1.46	5% dextrose/water (500 ml = 1 unit)

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CODE	GLOBAL FEE	DESCRIPTION
J7070	2.92	Infusion, D-5-W, 1,000 cc
J7307	I.C.	Etonogestrel (contraceptive) implant system, including implant and supplies
J7321	102.06	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose
J7322	178.16	Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose
J7323	110.87	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324	171.37	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7340	30.13	Dermal and epidermal, (substitute) tissue of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter
J7341	2.03	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter
J7342	36.73	Dermal (substitute) tissue of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter
J7343	19.97	Dermal and epidermal, (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter
J7344	95.38	Dermal (substitute) tissue of human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter
J7346	770.02	Dermal (substitute) tissue of human origin, injectable, with or without other bioengineered or processed elements, but without metabolically active elements, 1 cc
J7347	32.77	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (Integra Matrix), per sq. cm.
J7348	92.31	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (TissueMend), per sq. cm.
J7349	40.86	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (PriMatrix), per sq. cm.
J7599	I.C.	Immunosuppressive drug, NOC
J7608	2.27	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per g
J7611	0.07	Albuterol, inhalation solution, FDA-approved final product; noncompounded, administered through DME, concentrated form, 1 mg
J7612	0.12	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5mg
J7613	0.04	Albuterol, inhalation solution, FDA-approved final product; noncompounded, administered through DME, unit dose, 1 mg
J7614	0.28	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg
J7620	0.81	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, non-compounded, administered through DME
J7626	5.09	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg
J7633	I.C.	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg
J7639	20.85	Dornase alpha, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J7644	0.21	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J7669	0.27	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg

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CODE	GLOBAL FEE	DESCRIPTION
J7676	I.C.	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg
J7682	61.00	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg
J7699	I.C.	NOC drugs, inhalation solution administered through DME
J7799	I.C.	NOC drugs, other than inhalation drugs, administered through DME
J9000	6.83	Doxorubicin HCl, 10 mg
J9001	412.25	Doxorubicin HCl, all lipid formulations, 10 mg
J9025	4.39	Injection, azacitidine, 1 mg
J9031	117.34	BCG live (intravesical), per instillation
J9035	57.46	Injection, bevacizumab, 10 mg
J9040	35.88	Bleomycin sulfate, 15 units
J9041	34.44	Injection, bortezomib, 0.1 mg
J9045	7.05	Carboplatin, 50 mg
J9055	49.79	Injection, cetuximab, 10 mg
J9060	2.55	Cisplatin, powder or solution, per 10 mg
J9062	12.75	Cisplatin, 50 mg
J9070	1.89	Cyclophosphamide, 100 mg
J9080	3.78	Cyclophosphamide, 200 mg
J9090	17.06	Cyclophosphamide, 500 mg
J9091	18.90	Cyclophosphamide, 1 g
J9092	37.80	Cyclophosphamide, 2 g
J9093	1.93	Cyclophosphamide, lyophilized, 100 mg
J9094	3.85	Cyclophosphamide, lyophilized, 200 mg
J9095	9.63	Cyclophosphamide, lyophilized, 500 mg
J9096	19.27	Cyclophosphamide, lyophilized, 1 g
J9097	38.54	Cyclophosphamide, lyophilized, 2 g
J9130	5.58	Dacarbazine, 100 mg
J9140	11.16	Dacarbazine, 200 mg
J9170	319.42	Docetaxel, 20 mg
J9181	0.42	Etoposide, 10 mg
J9182	4.16	Etoposide, 100 mg
J9190	1.81	Fluorouracil, 500 mg
J9201	131.65	Gemcitabine HCl, 200 mg
J9202	191.86	Goserelin acetate implant, per 3.6 mg
J9206	126.31	Irinotecan, 20 mg
J9212	4.66	Injection, interferon alfacon-1, recombinant, 1 mcg
J9213	41.80	Interferon alfa-2a, recombinant, 3 million units
J9214	14.28	Interferon alfa-2B, recombinant, 1 million units
J9215	I.C.	Interferon alfa-N3, (human leukocyte derived), 250,000 IU
J9216	309.58	Interferon gamma-1B, 3 million units
J9217	242.79	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	7.75	Leuprolide acetate, per 1 mg
J9219	1714.87	Leuprolide acetate implant, 65 mg
J9250	0.26	Methotrexate sodium, 5 mg
J9260	2.74	Methotrexate sodium, 50 mg
J9261	88.17	Injection, nelarabine, 50 mg
J9263	9.47	Injection, oxaliplatin, 0.5 mg
J9264	8.88	Injection, paclitaxel protein-bound particles, 1 mg
J9265	13.58	Paclitaxel, 30 mg

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CODE	GLOBAL FEE	DESCRIPTION
J9293	105.14	Injection, mitoxantrone HCl, per 5 mg
J9300	2434.95	Gemtuzumab ozogamicin, 5 mg
J9305	46.08	Injection, pemetrexed, 10 mg
J9310	508.66	Rituximab, 100 mg
J9340	41.21	Thiotepa, 15 mg
J9350	875.46	Topotecan, 4 mg
J9355	59.02	Trastuzumab, 10 mg
J9360	1.07	Vinblastine sulfate, 1 mg
J9370	7.73	Vincristine sulfate, 1 mg
J9375	15.46	Vincristine sulfate, 2 mg
J9380	38.66	Vincristine sulfate, 5 mg
J9390	18.86	Vinorelbine tartrate, per 10 mg
J9395	81.37	Injection, fulvestrant, 25 mg
J9999	I.C.	NOC, antineoplastic drug
S0020	1.50	Injection, bupivacaine HCl, 30 ml
S0021	I.C.	Injection, cefoperazone sodium, 1 g
S0023	1.51	Injection, cimetidine HCl, 300 mg
S0028	0.78	Injection, famotidine, 20 mg
S0077	3.15	Injection, clindamycin phosphate, 300 mg
S0162	I.C.	Injection, efalizumab, 125 mg
S0302	10.12	Completed early periodic screening diagnosis and treatment (EPSDT) service (or preventive pediatric healthcare screening and diagnosis (PPHSD)) (list in addition to code for appropriate evaluation and management service)
T1023	62.36	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter

17.05: Severability

The provisions of 114.3 CMR 17.00 are severable and if any such provision or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 17.00: M.G.L. c. 118G